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others that emancipation of woman is coming. It is through persistent efforts that we achieve usefulness. "No one can be good who is not useful, nor can one enjoy that which he has not truly earned." The magic key to the treasures of this world is work. It fits the lock in the door of happiness which opens the house of contentment. It is the key to that kingdom of God which kingdom is in the body of mankind.

## NURSING CARE OF CRIPPLED CHILDREN IN THE UNITED STATES

By ADELE KOEHLER McMURTRIE

*New York, N. Y.*

In the care of crippled children cure or improvement is usually a slow process. Daily régime and living conditions are often of more importance than positive surgical or therapeutic measures. Thus it follows that nursing oversight is an important feature of the work.

There are several types of nursing in this field. First, there is the follow-up visiting nursing in conjunction with orthopedic dispensary or out-patient work. Second, there is the care of children in institutions. Third, there is general visiting and special work.

The special orthopedic dispensary is a development of comparatively recent years and is an institution of American inception. Abroad, particularly on the continent, care for cripples is provided almost exclusively in resident hospitals and homes. But here, in order to cope with the magnitude of the demands, it was necessary to make some extension of the resident work. It was found that reasonably satisfactory results could be obtained in many orthopedic cases by the out-patient method, and large dispensary services grew up. Under this system diagnoses are made, treatment prescribed and braces and apparatus applied.

But the dispensary work had inherent in it several defects when applied to orthopedics. In the first place the required period of treatment was long and the necessity for frequent and continued visits was not manifest to the patient, so many of the patients lapsed through non-attendance, and much work well done was wasted. Again the average patient was not competent to follow out at home the surgeon's directions as to regimen, diet and so forth. Thus much well-intentioned effort on both sides proved ineffective.

The one additional feature necessary to remedy both defects, and provide positive advantages as well, was a system of visiting nursing. Nurses specially selected for this work could see the case and receive

directions at the dispensary. They could then go into the homes and ensure the execution of these directions. By persistent attention the desired frequency of attendance by the patient at the clinic, could be secured. Personal encouragement could go far to counterbalance the impatience at the long period of treatment. In other words, the nurses could make permanently effective the work of the surgeons.

With the installation of this service the results at a dispensary improved in character. It is one thing for a surgeon hastily to explain to an ignorant mother the management of a complicated brace. It is quite another thing to see that the same mother actually makes the adjustments properly in her own home. It is desirable to prescribe plenty of fresh air, but it is more practical to demonstrate what actual arrangement of windows will secure the best ventilation. The physician's advice counseling a nourishing diet for a child is a start in the right direction, but it too frequently requires supplementary instruction in simple cooking and shopping trips under intelligent supervision.

It will thus be seen that visiting nursing offered much to offset defects in orthopedic dispensary practice, but it also provided positive advantages in the same way as any social service coöperation is advantageous to hospital work. Thus economic barriers to the execution of a surgeon's orders are discovered and the proper remedies applied, and confidence is stimulated through the personal relation developed. These advantages are too well known to require further enumeration.

This system of follow-up nursing is proving highly satisfactory and is growing rapidly in extent. As yet only three out of the nine principal orthopedic dispensaries in this country have an adequate visiting nursing staff which pays a number of visits to the homes of the patients, at all commensurate with the surgical work, these being the New York Orthopedic Dispensary and Hospital; the New Jersey Orthopedic Hospital and Dispensary, Orange, New Jersey and the Kernan Hospital and Industrial School of Baltimore, Maryland. One of the most significant recent extensions in this field has been the inauguration in Brooklyn, under the Fox bequest, of a visiting nursing service in connection with orthopedic dispensary work at one of the hospitals.

The most noteworthy system of this visiting nursing has been developed at the New York Orthopedic Dispensary and Hospital. During the hospital year of 1913-1914 the nursing staff made 14,187 visits to the patients' homes as against 29,927 visits paid by these patients to the dispensary.

Other institutions, without such a highly developed system, make provision for the supervision of their orthopedic dispensary cases.

Thus the Post-Graduate Hospital, New York City, employs a graduate visiting nurse who during the winter looks after the children coming to the orthopedic clinic, and during the summer acts as superintendent of the country home maintained by that organization. The orthopedic cases at the Johns Hopkins Hospital, Baltimore, are in the hands of a special visiting nurse for that department. The Children's Hospital of Boston oversees orthopedic cases through its regular social service facilities. On the staff of the social service department at the Hospital of the University of Pennsylvania, Philadelphia, is a graduate nurse for orthopedic visiting exclusively. Lakeside Hospital and Rainbow Hospital of Cleveland coöperate in the employment of a graduate nurse to visit orthopedic cases. Three days each week during the school year this nurse goes to the special classes for crippled children in the public school. She thus follows the patients from the hospital through convalescence to recovery.

So much for the dispensary follow-up. Another type of nursing for crippled children is represented by care in resident hospitals and homes.

According to a recent report by Miss Edith Reeves, published by the Sage Foundation, resident American institutions exclusively for crippled children may be divided into three classes, ten hospitals, fourteen convalescent hospitals and thirteen asylum homes. All of the hospitals were found to employ graduate nurses ranging in number from one to seven. The convalescent hospitals, with the exception of three, have graduate nurses ranging in number from one to five. Two of those excepted have resident physicians who give a certain degree of training in the special work required to intelligent young women carefully selected. Four of the asylum homes reported the employment of graduate nurses, these being the New England Peabody Home, Hyde Park, Massachusetts; Daisy Fields Home, Englewood, New Jersey; Holy Cross House, Cleveland; Home of the Merciful Saviour, Philadelphia.

As has been previously intimated, this field of work is not as acute in its demands as the service of a general hospital. Many of the duties are routine and special in character. Thus the service of graduate nurses has not always been found essential or some graduate nurses can be helped by non-graduate assistants.

To three institutions pupil nurses in training at other general hospitals come for limited periods, usually three months, to gain experience in orthopedic work. Nurses from the Presbyterian Hospital, Chicago, go to the Home for Destitute Crippled Children; those from the Church Home and Infirmary, Baltimore, to the Children's Hospital School,

and nurses from one of the general hospitals in the city to the Children's Orthopedic Hospital, Seattle, Washington.

Two of the orthopedic hospitals have regular training schools whose graduates are eligible for registration. These are at the State Orthopedic Hospital, Lincoln, Nebraska, and the Children's Hospital, Portland, Maine. Pupils at the latter spend two and a half years in Portland, and six months in Bellevue Hospital, New York, in order to gain additional experience. Two other institutions have courses under the direction of graduate nurses, to train children's attendants. These are the Kernan Hospital and Industrial School of Baltimore, and the Country Home for Convalescent Children, Prince Crossing, Illinois.

Then there is another type of work done by nurses of associations coöperating with the public schools which maintain special classes for crippled children. There was built up in New York some years ago a system of this character. To each nurse were assigned the children in a certain district who rode in one omnibus when transported daily to the special class. She rode with them to school in the morning, and saw them home again in the afternoon. Between these times she conferred with the teachers of the classes, visited the mothers in the homes, advised about diet, lunches and so forth, and saw that fundamental material needs were supplied. Another duty was to see that the children went regularly to the dispensary, the nurses taking them there when necessary.

There are some special fields of work which can only be mentioned. The nurses of the Association for the Aid of Crippled Children, New York, have recently been engaged in taking a census of all children in a given neighborhood with a view to ascertaining the percentage who were crippled. Another line is the direction of a carriage service to give drives in the open air to crippled children during the spring and summer months. Still another is in the supervision of lunches served to crippled children in the public schools. The exact activities are of course constantly changing as progress is made. But in each advance in care for cripples, the trained nurse seems to play a conspicuous part.

## AN HEROIC NURSE

By ELISABETH ROBINSON SCOVIL

The circumstances attending the death of Edith Cavell, a nurse, who was executed at Brussels on October 13, are such that some extended report of them should be given to American nurses.